Amendment

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | SERIAL NO. 107 06505 | FILING DATE |
| APPLICANT(S) | | | |

CLAIMS

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
101	1					
2	1					
3	1					
4	1					
5	1					
6	≠					
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50						
TOTAL IND.	18					
TOTAL DEP.	35					
TOTAL CLAIMS	53					

CLAIMS		IND	DEP	IND	DEP	IND	DEP
51							
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							